

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Jimmie Lewis		COURT CASE NUMBER	CA No. 05-013 GMS	
DEFENDANT	DR. ROGERS		TYPE OF PROCESS	G/C	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN				
→	DR. ROGERS IS A DOCTOR AT THE HOSPITAL D.C.C.				
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
	1181 PADDOCK RD, SMYRNA, DE 19977				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285		4
Jimmie Lewis, SBI # 506622			Number of parties to be served in this case		2
DEL. CORR. CENTER			Check for service on U.S.A.		
1181 PADDOCK RD					
SMYRNA, DE 19977					

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

complaints ARE DATED: 7/18/06, 3/29/06, 05
(FORMA PAUPERIS) 11/6/05, 10/3/05

Signature of Attorney or other Originator requesting service on behalf of:

Jimmie Lewis

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/17/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____	BF	10-4-06

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Mike Little, Legal Sec. Admin

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

10/4/06

Time

4:30 pm

Signature of U.S. Marshal or Deputy

BF

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount paid to U.S. Marshal or

REMARKS:

FILED
DISTRICT COURT
DELAWARE
OCT - 5 AM 8:48